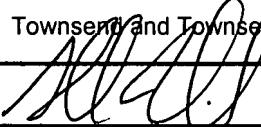
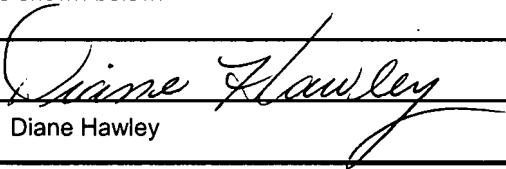
 <p><i>(to be used for all correspondence after initial filing)</i></p>		Application Number	10/702,235
		Filing Date	November 5, 2003
		First Named Inventor	Salmon, Peter C.
		Art Unit	2813
		Examiner Name	Harrison, Monica D.
Number of Pages in This Submission	1	Attorney Docket Number	000939-119030US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Exhibits A-C; and 2) Return Postcard
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement	<div style="border: 1px solid black; padding: 2px;">Remarks</div> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	
<input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Townsend and Townsend and Crew LLP	
Signature		
Printed name	Ardeshir Tabibi	
Date	June 13, 2007	Reg. No. 48,750

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Signature		
Typed or printed name	Diane Hawley	Date June 13, 2007

 FEES TRANSMITTAL For FY 2006 JUN 15 2007 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete if Known <table border="1"> <tr> <td>Application Number</td> <td>10/702,235</td> </tr> <tr> <td>Filing Date</td> <td>November 5, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Salmon, Peter C.</td> </tr> <tr> <td>Examiner Name</td> <td>Harrison, Monica D.</td> </tr> <tr> <td>Art Unit</td> <td>2813</td> </tr> <tr> <td>Attorney Docket No.</td> <td>000939-119030US</td> </tr> </table>		Application Number	10/702,235	Filing Date	November 5, 2003	First Named Inventor	Salmon, Peter C.	Examiner Name	Harrison, Monica D.	Art Unit	2813	Attorney Docket No.	000939-119030US
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Art Unit	2813														
Attorney Docket No.	000939-119030US														
TOTAL AMOUNT OF PAYMENT	(\$1200)														

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
 under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each independent claim over 3 (including Reissues)		50	25
Multiple dependent claims		200	100
		360	180
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-20 or HP = _____	_____ x _____	= _____	

HP = highest number of total claims paid for, if greater than 20

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-3 or HP = _____	_____ x _____	= _____	

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	- 100 = _____	/ 50 = _____ (round up to a whole number)	_____ x _____	= _____

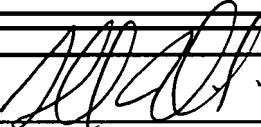
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	
1020.00 Petition For Extension of Time	

Other (e.g., late filing surcharge): 180.00 Supplemental IDS

1200

SUBMITTED BY

Signature		Registration No. 48,750 (Attorney/Agent)	Telephone 650-326-2400
Name (Print/Type)	Ardeshir Tabibi		Date June 13, 2007